

Application Data Sheet

Application Information

Application Type::	Divisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	INDOLINONE COMBINATORIAL LIBRARIES AND RELATED PRODUCTS AND METHODS FOR THE TREATMENT OF DISEASE
Attorney Docket Number::	034536-1150
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	41
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peng Cho
Family Name::	TANG
City of Residence::	Moraga

State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 827 Camino Ricardo
City of mailing address:: Moraga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94556

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CHINA
Status:: Full Capacity
Given Name:: Connie Li
Family Name:: SUN
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1151 Rickover Lane
City of mailing address:: Foster City
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gerald
Family Name:: MCMAHON
City of Residence:: San Francisco
Country of Residence::
Street of mailing address:: 1414 Greenwich Street

City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: Klaus Peter
Family Name:: HIRTH
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 334 Collingwood Street
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94114

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Laura Kay
Family Name:: SHAWVER
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 3299 Folsom Street
City of mailing address:: San Francisco

State or Province of mailing CA
address::
Postal or Zip Code of mailing 94110
address::

Correspondence Information

Correspondence Customer Number:: 22428
E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer Number::	30543	
----------------------------------	-------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/076,621	02/19/2002
10/076,621	Continuation of	09/617,529	07/13/2000
09/617,529	Division of	08/915,366	08/20/1997

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: SUGEN, INC.